

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/560,340

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2	1					
3	1					
4	1					
5	12					
6	21					
7	12					
8	11					
9	10					
10	10					
11	10					
12	10					
13	10					
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31	1					
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50						
TOTAL IND.	2		2		2	
TOTAL DEP.	90		90		90	
TOTAL CLAIMS	42		42		42	

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.			2		2	
TOTAL DEP.			90		90	
TOTAL CLAIMS			42		42	

U.S. DEPARTMENT OF COMMERCE

BEST AVAILABLE COPY